

SECTION 62: INDEPENDENT HOUSING with SERVICES PROGRAM (IHSP)

62.01 DEFINITIONS

- (A) **Independent Housing with Services Programs** that receive Bureau of Elder and Adult Services funds must meet the policy requirements described in this section. The Bureau of Elder and Adult Services administers funds to subsidize the cost of services at certain sites in compliance with 22 M.R.S.A. Chapter 1664. This section pertains only to Independent Housing with Services Programs that meet the definition in 22 MRSA Chapter 1644. **Provision of these services is based on the availability of funds.**
- (B) **Activities of daily living (ADLs)** ADLs shall only include the following as defined in Section 62.02(B)(2): bed mobility, transfer, locomotion, eating, toileting, bathing and dressing.
- (C) **An Independent Housing with Services Program grantee** is an Independent Housing with Services Program sponsor that receives funds through a written agreement with the Bureau of Elder and Adult Services
- (D) **An Independent Housing with Services Program sponsor** is an individual, agency, organization or business operating an Independent Housing with Services Program that meets the requirements described in this section.
- (E) **Authorized Agent** means an organization authorized by the Department to perform functions under a valid contract or other approved, signed agreement. The Independent Housing with Services grantee is the Authorized Agent under this section.
- (F) **Authorized Plan of Care** means a plan of care which is authorized by the Authorized Agent or the Department, which shall specify all services to be delivered to a recipient under this section, including the number of hours for all covered services. The plan of care shall be based on the recipient's assessment outcome scores, and the timeframes contained therein, recorded in the Department's Medical Eligibility Determination (MED) form. All authorized covered services provided under this Section must be listed in the care plan summary on the MED form.
- ~~(G)~~ **Care Plan Summary** is the section of the MED form that documents the Authorized Plan of Care and services provided by other public or private program funding sources or support, service category, reason codes, duration, unit code, number of units per month, rate per unit, and total cost per month.
- (H) **Covered Services** are those services for which payment can be made by the Department under Section 62 of the Bureau of Elder and Adult Services Policy Manual.
- (I) **Cueing.** Cueing means any spoken instruction or physical guidance, which serves as a signal to do something. Cueing is typically used when caring for individuals who are cognitively impaired.

- J) Dependent Allowances.** Dependents and dependent allowances are defined and determined in agreement with the method used in the MaineCare program. The allowances are changed periodically and cited in the MaineCare Eligibility Manual, TANF Standard of Need Chart. Dependents are defined as individuals who may be claimed for tax purposes under the Internal Revenue Code and may include a minor or dependent child, dependent parents, or dependent siblings of the consumer or consumer's spouse. A spouse may not be included.
- (K) Disability-related expenses:** Disability-related expenses are out-of-pocket costs incurred by the consumers for their disability, which are not reimbursed by any third-party sources. They include:
- (1) Home access modifications: ramps, tub/shower modifications and accessories, power door openers, show seat/chair, grab bars, door widening, environmental controls;
 - (2) Communication devices: adaptations to computers, speaker telephone, TTY, Personal Emergency Response Systems;
 - (3) Wheelchair (manual or power) accessories: lab tray, seats and back supports;
 - (4) Vehicle adaptations: adapted carrier and loading devices, one communication device for emergencies (limited to purchase and installation), adapted equipment for driving;
 - (5) Hearing Aids, glasses, adapted visual aids;
 - (6) Assistive animals (purchase only);
 - (7) Physician ordered medical services and supplies;
 - (8) Physician ordered prescription and over the counter drugs; and
 - (9) Medical insurance premiums, co-pays and deductibles.
- (L) Household members:** means the consumer and spouse.
- (M) Household members Income** includes:
- (1) Wages from work, including payroll deductions, excluding state and Federal taxes and employer mandated or court ordered withholdings;
 - (2) Benefits from Social Security, Supplemental Security Insurance, pensions, insurance, independent retirement plans, annuities, and Aid and Attendance;
 - (3) Adjusted gross income from property and/or business, based on the consumer's most recent Federal income tax; and
 - (4) Interest and dividends.
- Not included are benefits from: the Home Energy Assistance Program, Food Stamps, General Assistance, Property Tax and Rent Refund, emergency assistance programs, or their successors.
- (N) Independent Housing with Services** means residential housing that consists of private dwelling units with an individual bathroom and an individual food preparation area, in addition to central dining facilities, and within which an assisted housing supportive services program serves occupants as described in 22MRSA § 7852 (3).

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- (O) **Independent Housing with Services Program** means a comprehensive program of supportive services, serving three or more consumers at a site, including meals, housekeeping and chore assistance, service coordination/care management, personal care services, emergency response and other services that are delivered on the site of an Independent Housing and Services Program, assist occupants to manage the activities of daily living and the instrumental activities of daily living as defined in Section 62.02(B)(3)
- (P) **Instrumental activities of daily living (IADLs)** For purposes of the eligibility criteria and covered services under this section of policy, IADLS are limited to the following: preparation or receipt of the main meal; routine housework; grocery shopping and storage of purchased groceries; and laundry either within the residence or at an outside laundry facility; and transportation services necessary to perform covered services described in the consumer's Authorized Service Plan.
- (Q) **Limited Assistance** means the individual was highly involved in the activity over the past seven days, or 24 to 48 hours if in a hospital setting, but received and required
- guided maneuvering of limbs or other non-weight bearing physical assistance three or more times or
 - guided maneuvering of limbs or other non-weight bearing physical assistance three or more times plus weight-bearing support provided only one or two times.
- (R) **Liquid asset** is something of value available to the consumer that can be converted to cash in three months or less and includes:
- (1) Bank accounts;
 - (2) Certificates of deposit;
 - (3) Money market and mutual funds;
 - (4) Life insurance policies;
 - (5) Stocks and bonds;
 - (6) Lump sum payments and inheritances; and
 - (7) Funds from a home equity conversion mortgage that are in the consumer's possession whether they are cash or have been converted to another form.

Funds which are available to the consumer but carry a penalty for early withdrawal will be counted minus the penalty. Exempt from this category are mortuary trusts and lump sum payments received from insurance settlements or annuities or other such assets named specifically to provide income as a replacement for earned income. The income from these payments will be counted as income.

- (S) **Medical Eligibility Determination (MED) Form** shall mean the form approved by the Department for medical eligibility determinations and service authorization for the plan of care based upon the assessment outcome scores. The definitions,

scoring mechanisms and time-frames relating to this form as defined in Section 62 provide the basis for services and the care plan authorized by the a Authorized Agent. The care plan summary contained in the MED form documents the authorized service plan to be implemented by the Independent Housing with Services Provider. The care plan summary also identifies other services the recipient is receiving, in addition to the authorized services provided under this Section.

- (T) **One-person Physical Assist** requires one person over the last seven (7) days or 24-48 hours if in a hospital setting, to provide either weight-bearing or non-weight bearing assistance for an individual who cannot perform the activity independently. This does not include cueing.
- (U) **Personal care assistance.** "Personal care assistance" means assistance with the activities of daily living and the instrumental activities of daily living. "Personal care assistance" does not include the administration of medication.
- (V) **Private apartment.** "Private apartment" means a private dwelling unit with an individual bathroom and an individual food preparation area located within an Independent Housing with Services Program.
- (W) An **authorization for services** included in a consumer's plan of care is a written statement of the level, type, frequency, duration and number of units of service to be provided to each consumer on a monthly basis.

62.02 Eligibility

- (A) **General and Specific Requirements.** To be eligible for services a consumer must:
 - (1) Be at least 18;
 - (2) Live in Maine;
 - (3) Lack sufficient personal and/or financial resources for in-home services;
 - (4) Be ineligible for MaineCare Private Duty Nursing/Personal Care Services, MaineCare Home and Community Based Benefits, and MaineCare Consumer-Directed Attendant Services programs.
 - (5) Not be participating under Section 63: In Home and Community Support Services, Section 69: Bureau of Elder and Adult Homemaker Services or the Consumer-Directed Home Based Care program enacted by 22 MRSA Section 5107-C or.
 - (6) Be a tenant in an eligible Independent Housing with Services Program which meets the definition of Independent Housing with Services and receives Bureau of Elder and Adult Services funding;
 - (7) For an individual have assets of no more than \$50,000 or for couples have assets of no more than \$75,000;
 - (8) If the assessment for continued eligibility indicates medical eligibility for a MaineCare program and potential financial eligibility for MaineCare, consumers will be given written notice that the consumer has up to thirty

(30) days to file a MaineCare application. If Independent Housing with Services Program services are currently being received, services shall be discontinued if a Bureau of Family Independence notice is not received within thirty (30) days of the assessment date indicating that a financial application has been filed. Services shall also be discontinued if, after filing the application within thirty (30) days the application requirements have not been completed in the time required by MaineCare policy.

- (9) Not be hospitalized or residing in a nursing facility.
- (10) Consumer or legal representative agrees to pay the monthly calculated consumer payment. This payment may be waived or reduced if the consumer's application for a waiver or reduction is approved.

(B) Medical and Functional Eligibility Requirements

Applicants for services under this section must also meet the eligibility requirements as set forth in Section 62.02(B) and documented on the Medical Eligibility Determination (MED) form conducted by the Authorized Agent. Medical eligibility will be determined using the MED form as defined in Section 62.01. Recipients of services are individuals who, as a result of a Bureau of Elder and Adult Services approved assessment conducted by the provider, are determined to have unmet long- term care needs. A person meets the medical eligibility requirements in this section if he or she requires a combination of items from Activities of Daily Living 62.02(B)(2), and Instrumental Activities of Daily Living Section 62.02(B)(3) to meet unmet needs as follows.

(1) Eligibility

- (a) Requires assistance/done with help plus physical assistance with at least three (3) IADL from the following: main meal preparation, routine housework, grocery shopping, and laundry; or
- (b) Requires limited assistance plus a one person physical assist with at least one (1) ADL from the following: bed mobility, transfer, locomotion, eating, toilet use, dressing, and bathing and assistance/done with help plus physical assistance with at least two (2) IADL from the following: main meal preparation, routine housework, grocery shopping, and laundry; or
- (c) Requires limited assistance plus a one person physical assist with at least two (2) ADLs from the following: bed mobility, transfer, locomotion, eating, toilet use, dressing, and bathing; or

(2) Activities of Daily Living:

- (a) Bed Mobility: How person moves to and from lying position, turns side to side, and positions body while in bed;
- (b) Transfer: How person moves between surfaces to/from: bed, wheelchair, standing position (excluding to/from bath/toilet);
- (c) Locomotion: How person moves between locations, in room and other areas. If in wheelchair, self-sufficiency once in chair;
- (d) Eating: How person eats and drinks (regardless of skill);

- (e) Toilet Use: How person uses the toilet room (or commode, bedpan, urinal): transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes;
 - (f) Bathing: How person takes full-body bath/shower, sponge bath and transfers in/out of tub/shower (exclude washing of back and hair); and
 - (g) Dressing: How person puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis
- (3) **Instrumental activities of daily living:** For the purpose of determining eligibility, “Instrumental activities of daily living (IADLs)” are regularly necessary home management activities listed below:
- (a) Daily instrumental activities of daily living (within the last 7 days):
 - (i) preparation or receipt of main meal;
 - (b) Other instrumental activities of daily living (within the last 14 days):
 - (i) routine housework: includes, but is not limited to vacuuming, cleaning of floors, trash removal, cleaning bathrooms and appliances;
 - (ii) grocery shopping: shopping for groceries and storage of purchased food or prepared meals;
 - (iii) Laundry: doing laundry in home or out of home at a laundry facility;
 - (iv) transportation services necessary to perform covered services described in the consumers Authorized service plan;

62.03 Duration of Services

Each recipient may receive covered services determined by the Authorized Agent within the following limitations and exceptions as described below. Coverage of services under this Section requires prior authorization from the Department or its Authorized Agent. Beginning and end dates of an individual’s medical eligibility determination period correspond to the beginning and end dates for coverage of the service plan authorized by the Authorized Agent or the Department.

- (A) Services under this Section may be suspended, reduced, denied or terminated by the Authorized Agent or the Department, as appropriate, for the following reasons:
- (1) The consumer does not meet eligibility requirements;
 - (2) The consumer is receiving services from informal or other supports that meet the needs that made him or her eligible for services under this section;
 - (3) The consumer declines services;
 - (4) The consumer is eligible to receive long-term care services under MaineCare including any MaineCare Special Benefits with the exception of MaineCare Adult Day Health.;

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- (5) The consumer is eligible to receive services and funds are available for services under Section 63: In Home and Community Based Support Services or the Consumer-Directed Home Based Care Program enacted by 26 MRSA Section 1412-G unless the consumer is a current recipient and there is a waiting list for services under Section 62;
- (6) Based on the consumer's most recent MED assessment, the service plan is reduced to match the consumer's needs as identified in the reassessment;
- (7) The health or safety of individuals providing services is endangered;
- (8) Services have been suspended for more than thirty (30) days;
- (9) The consumer has failed to make his/her calculated monthly co-payment within 30 days of receiving the copay bill; or
- (10) There are insufficient funds to continue to pay for services for all current consumers, which results in a change affecting some or all consumers.

Notice of intent to reduce, deny, or terminate services under this section will be done in accordance with Section 40.01 of this policy manual.

- (B) **Suspension.** Services may be suspended for up to thirty (30) days while the consumer is hospitalized or using institutional care. If such circumstances extend beyond thirty (30) days, the recipient may be reassessed to determine eligibility if the provider determines there has been a significant change.

62.04 Covered Services

Covered services are available for individuals meeting the eligibility requirements set forth in Section 62.02. All covered services require prior authorization by the Authorized Agent or the Department, consistent with these rules. The Authorized Plan of Care shall be based upon the recipient's assessment outcome scores recorded on the Department's Medical Eligibility Determination (MED) form, its definitions, and the timeframes therein and the task time allowances defined in the appendix attached to this section.

Services provided must be required to meet the identified needs of the individual, based upon the outcome scores on the MED form, and as authorized in the plan of care. Coverage will be denied if the services provided are not consistent with the consumer's authorized plan of care. The Independent Housing with Services Program provider has the authority to determine the plan of care, which shall specify all covered services to be provided, including the number of hours for each covered service, not to exceed unit cost and care plan limits established by the BEAS.

The Independent Housing with Services Program provider will use the Task Time Allowances set forth in the appendix to Section 62 to determine the time needed to complete authorized ADL and IADL tasks for the plan of care.

Covered Services are:

- (A) **Service coordination** to identify a consumer's need and desire for service and manage the appropriate types and amounts of services. The Service Coordinator

carries out this activity with involvement of the consumer. Service coordination includes:

- (1) Determining a consumer's eligibility for the program;
- (2) Reviewing with the consumer the findings of the Medical Eligibility Determination (MED) form and the options available to address the consumer's unmet needs and developing a plan of care;
- (3) Implementing a plan of care according to the authorized plan of care on the care plan summary portion of the MED form;
- (4) Completing a medical eligibility determination and financial assessment as often as necessary but at least annually;
- (5) Advocating on behalf of the consumer;
- (6) Maintaining complete and accurate consumer records; and
- (7) Monitoring the consumer's eligibility and unmet needs as often as necessary, but no less than annually.

(B) Independent Housing with Services Programs shall provide or arrange for supportive services that includes at least:

- (1) **Homemaking Services.** Homemaking services are those to assist a consumer with his or her Instrumental Activities of Daily Living (IADLs) and incidental personal hygiene and dressing. When authorizing a plan of care that includes homemaker services the Authorized Agent will use the task time guidelines specified in the appendix attached to this section. All homemaker services must be authorized in accordance with the Task Time Allowances (see appendix to this section). These allowances will be used when authorizing a consumer's service plan. If these times are not sufficient when considered in the light of a consumer's extraordinary circumstances as identified by the Authorized Agent, the Authorized Agent may make an appropriate adjustment. Task time allowances must consider the possibility for concurrent performance of activities and tasks listed. Services listed in the Task Time Allowances which are not covered services under this section cannot be authorized
- (2) **Meals:** At least one meal a day to give the consumer one-third the recommended dietary allowance (RDA) in compliance with Section 65, Nutrition Services.
- (3) **Personal Care Assistance Services.** Personal care assistance services to aid consumers with ADLs and IADLs. Personal care assistance services include bed mobility, transfer, locomotion, eating, toilet use, bathing, dressing, meal preparation, grocery shopping, routine housework and laundry. All personal care assistance services must be authorized in accordance with the Task Time Allowances (see appendix to this section). These allowances will be used when authorizing a consumer's service plan. If these times are not sufficient when considered in the light of a consumer's extraordinary circumstances as identified by the authorized agent, the authorized agent may make an appropriate adjustment. Task time allowances must consider the possibility for concurrent performance

of activities and tasks listed. Services listed in the Task Time Allowances which are not covered services under this section cannot be authorized.

- (4) **Personal Emergency Response System (PERS).** A Personal Emergency Response System is an electronic device, which enables certain high-risk individuals to secure help in the event of an emergency. PERS services may be provided to those individuals who live alone, or who are alone for significant parts of the day, who are capable of using the system, and have no regular caretaker for extended periods of time, and who would otherwise require extensive routine supervision.
- (5) **Transportation:** Reimbursement shall only be made for mileage in excess of ten (10) miles per single trip on a one way trip for transportation provided by personal care assistants, homemakers, or other home health providers in the course of delivering a covered service under this section. Any individual providing transportation must hold a valid State of Maine driver's license for the type of vehicle being operated. All providers of transportation services shall maintain adequate liability insurance coverage for the type of vehicle being operated. Escort services may be provided only when a consumer is unable to be transported alone, there are no other resources (family or friends) available for assistance and the transportation agency can document that the agency is unable to meet the request for service.

62.05 Non Covered Services

The following services are not reimbursable under this section.

- (A) Rent
- (B) Services provided by a personal care assistant, CNA, or homemaker who has worked as a certified nursing assistant and has a notation on the CNA Registry for:
 - (1) Any criminal convictions, except for Class D and Class E convictions over 10 years old that did not involve as a victim of the act a patient, client or resident of a health care entity; or
 - (2) Any specific documented findings by the State Survey Agency of abuse, neglect or misappropriation of property of a resident, client or patient.
- (C) Homemaker and Chore Services not directly related to medical or functional need pursuant to Section 62.04
- (D) Those services which can be reasonably obtained by the consumer outside his or her place of residence.

62.06 Policies and Procedures

- (A) **Eligibility Determination**
An eligibility assessment, using the Department's approved MED assessment form, shall be conducted by the Authorized Agent or Department. All Independent Housing with Services Program services require eligibility determination and prior authorization by the Authorized Agent.

- (1) The Authorized Agent will accept verbal or written referral information on each prospective new consumer, to determine appropriateness for an assessment. When funds are available, appropriate consumers will receive a face to face medical eligibility determination assessment, at their current residence, within five (5) days of the date of referral. All requests for assessments shall be documented indicating the date and time the assessment was requested and all required information provided to complete the request.
 - (2) The Authorized Agent shall inform the consumer of available community resources and authorize a service plan that reflects the identified unmet needs documented by scores and timeframes on the MED form, giving consideration to the consumer's living arrangement, informal supports, and services provided by other public and private funding sources. Independent with Housing Services provided to two or more consumers sharing living arrangements shall be authorized by the Authorized Agent with consideration to the economies of scale provided by the group living situation according to limits in Section 62.03.
 - (3) The Authorized Agent shall authorize a plan of care based upon the scores and findings recorded in the MED assessment. The eligibility period for the consumer shall not exceed twelve (12) months.
 - (4) The Authorized Agent will provide a copy of the authorized plan of care in a format understandable by the average reader, a copy of the eligibility notice, and release of information to the consumer at the completion of the assessment. The Authorized Agent will inform the consumer of the calculated co-payment based on the cost of services authorized.
- (B) Waiting List**
- (1) When funds are not available to serve-all prospective consumers, the Authorized Agent will establish a waiting list for assessment. As funds become available, consumers will be assessed on a first come, first served basis.
 - (2) For consumers found ineligible for Independent Housing with Services under this section, the Authorized Agent will inform each consumer of alternative services or resources, and offer to refer the person to those other services.
 - (3) When funds are not available to serve new consumers who have been assessed and determined eligible or to increase services for current consumers, a waiting list will be established by the Authorized Agent. As funds become available consumers will be taken off the list and served on a first come, first served basis.
 - (4) The Authorized Agent will maintain one waiting list that covers the sites served by the provider.
- (C) Suspension.** Services may be suspended for up to thirty (30) days while the consumer is hospitalized or using institutional care. If such circumstances extend

beyond thirty (30) days, the recipient may be reassessed to determine eligibility if the provider determines there has been a significant change.

(D) Reassessment and Continued Services

- (1)** For all recipients under this section, in order for the reimbursement of services to continue uninterrupted beyond the approved classification period, a reassessment and prior authorization of services is required and must be conducted no later than the reassessment date. Independent Housing with Services payment ends with the reassessment date, also known as the end date.
- (2)** An individual's specific needs for Independent Housing with Services are reassessed at least annually.

62.07 Professional and other Qualified Staff

(A) The Independent Housing with Services Provider shall:

- (1)** Assure that service providers meet applicable licensure and/or certification and/or training requirements and maintain records which show entrance and exit times of visits, total hours spent in the home, and tasks completed. Travel time to and from the location of the consumer is excluded.
- (2)** Comply with requirements of 22 M.R.S.A. §3471 et seq. and 22 M.R.S.A. §4011-4017 to report any suspicion of abuse, neglect or exploitation.
- (3)** Pursue other sources of reimbursement for services prior to the authorization of Independent Housing with Services.
- (4)** Operate and manage the program in accordance with all requirements established by rule or contract.
- (5)** Have sufficient financial resources, other than State funds, available to cover any Independent Housing with Services expenditures that are disallowed as part of the Bureau of Elder and Adult Services utilization review process.
- (6)** Inform in writing any consumer with an unresolved complaint regarding their services about how to contact the Long Term Care Ombudsman.
- (7)** Implement an internal system to assure the quality and appropriateness of assessments to determine eligibility and authorize Independent Housing with Services including, but not limited to the following:
 - (a)** Consumer satisfaction surveys;
 - (b)** Documentation of all complaints, by any party including and resolution action taken;
 - (c)** Measures taken by the Authorized Independent Housing with Services Provider to improve services as identified in (a) and (b).
- (8)** Contact with each consumer quarterly to verify receipt of services, discuss consumer's status, review any unmet needs and provide appropriate follow-up and referral to community resources.
- (9)** Reimburse providers based on the unit of service and rates not to exceed those established by the Department.

62.08 Consumer Records and Program Reports

- (A) **Content of Consumer Records.** The Independent Housing with Services agency must establish and maintain a record for each consumer that includes at least:
- (1) The consumer's name, address, mailing address if different, and telephone number;
 - (2) The name, address, and telephone number of someone to contact in an emergency;
 - (3) Complete medical eligibility determination form and financial assessments and reassessments that include the date they were done and the signature of the person who did them;
 - (4) A care plan summary that promotes the consumer's independence matches needs identified by the scores and timeframes on the MED form and on the care plan summary on the MED form, with consideration of other formal and informal services provided and which is reviewed no less frequently than semiannually. The service plan includes:
 - (a) Evidence of the consumer's participation;
 - (b) Who will provide what service, when and how often, the reason for the service and when it will begin and end;
 - (c) The signature of the person who determined eligibility and authorized a plan of care; and
 - (5) A dated release of information signed by the consumer that conforms with applicable state and federal law, is renewed annually and that:
 - (a) Is in language the consumer can understand;
 - (b) Names the agency or person authorized to disclose information
 - (c) Describes the information that may be disclosed;
 - (d) Names the person or agency to whom information may be disclosed;
 - (e) Describes the purpose for which information may be disclosed; and
 - (f) Shows the date the release will expire.
 - (6) Documentation that consumers eligible to apply for a waiver for consumer payments, were notified that a waiver may be available;
 - (7) Written progress notes that summarize any contacts made with or about the consumer and:
 - (a) The date the contact was made;
 - (b) The name and affiliation of the person(s) contacted or discussed;
 - (c) Any changes needed and the reasons for the changes in the plan of care;
 - (d) The results of contacts or meetings and,
 - (e) The signature and title of the person making the note and the date the entry was made.
 - (8) Evidence that a PCA, unless employed directly by the consumer or provided under a contract with an external agency, meets the training and competency requirements described in Section 63.10.

- (B) **Program Reports** The following reports must be submitted to Bureau of Elder and Adult Services, in a format approved by the Bureau of Elder and Adult Services, by the day noted:
- (1) Monthly service utilization report for each consumer receiving Independent Housing with Services
 - (2) Quarterly fiscal reports, due no later than twenty days after the end of the month;
 - (3) Quarterly demographic and performance reports, due no later than twenty-five days after the end of the quarter.

62.09 Responsibilities of the Bureau of Elder and Adult Services

- (A) **Selection of Independent Housing with Services Program Contractors** When funds for new sites or expanded services are available, the Bureau of Elder and Adult Services will use a Request for Proposal process. To select authorized agencies, the Bureau of Elder and Adult Services will request proposals by publishing a notice in Maine's major daily newspapers. The notice will summarize the detailed information available in a request for proposals (RFP) packet and will include the name, address, and telephone number of the person from whom a packet and additional information may be obtained. The packet will describe the specifications for the work to be done.
- (B) **Other Responsibilities of the Bureau of Elder and Adult Services.** The Bureau of Elder and Adult Services is responsible for:
- (1) Establishing performance standards for contracts with authorized agencies including but not limited to the numbers of consumers to be assessed and served and allowable costs for administration and direct service.
 - (2) Conducting or arranging for quality assurance reviews that will include record reviews and home visits with Independent Housing with Services Program consumers.
 - (3) Providing training and technical assistance.
 - (4) Providing written notification to the authorized agencies regarding strengths, problems, violations, deficiencies or disallowed costs in the program and requiring action plans for corrections.
 - (5) Assuring the continuation of services if the Bureau of Elder and Adult Services determines that an Authorized Agent's contract must be terminated.
 - (6) Administering the program directly in the absence of a suitable Authorized Independent Housing with Services Provider.
 - (7) Conducting a request for proposals for authorized agents at least every five years.
 - (8) At least annually, review randomly selected requests for waivers of consumer payment.
 - (9) Recouping Independent Housing with Services Provider funds from authorized agencies when Bureau of Elder and Adult Services determines that funds have been used in a manner inconsistent with these rules or the Authorized Agent's contract.

62.10 Consumer Payments

- (A) Consumer Payments.** Consumers will pay 20% of the cost of services under this program, except when they are granted a waiver.
- (B) Waiver of Consumer Payment.** Consumers will be informed that they may apply for waiver of all or part of the assessed payment when:

 - (1)** Monthly income of household, as defined in Sections 62.01(N) and Section 62.01(O) is no more than 200% of the federal poverty level; and
 - (2)** Household assets are no more than \$15,000.
- (3) Calculation of the Waiver for Consumer Payment** will be completed by the authorized Independent Housing with Services Provider using the process described in Section 63.12

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APPENDIX TO Sec 62 TASK TIME ALLOWANCES - Activities of Daily Living

Activity	Definitions	Time Estimates		Considerations
Bed Mobility	How person moves to and from lying position, turns side to side and positions body while in bed.	5 – 10 minutes		Positioning supports, cognition, pain, disability level.
Transfer	How person moves between surfaces – to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet).	5 – 10 minutes up to 15 minutes		Use of slide board, gait belt, swivel aid, supervision needed, positioning after transfer, cognition. Mechanical Lift transfer
Locomotion	How person moves between locations in his/her room and other areas on same floor. If in wheelchair, self-sufficiency once in chair.	5 - 15 minutes (Document time and number of times done during POC)		Disability level, Type of aids used Cognition Pain
Dressing & Undressing	How person puts on, fastens and takes off all items of street clothing, including donning/removing prosthesis.	20 - 45 minutes		Supervision, disability, cognition, pain, type of clothing, type of prosthesis.
Eating	How person eats and drinks (regardless of skill)	5 minutes		Set up, cut food and place utensils.
		30 minutes		Individual is fed.
		30 minutes		Supervision of activity due to swallowing, chewing, cognition issues
Toilet Use	How person uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter and adjusts clothes.	5 -15 minutes/use		Bowel, bladder program Ostomy regimen Catheter regimen Cognition
Personal Hygiene	How person maintains personal hygiene. (EXCLUDE baths and showers)	Washing face, hands, perineum, combing hair, shaving and brushing teeth	20 min/day	Disability level, pain, cognition, adaptive equipment.
		Shampoo (only if done separately)	15 min up to 3 times/week	
		Nail Care	20 min/week	
Walking	a. How person walks for exercise only b. How person walks around own room c. How person walks within home d. How person walks outside	Document time and number of times in POC, and level of assist is needed.		Disability Cognition Pain Mode of ambulation (cane) Prosthesis needed for walking
Bathing	How person takes full-body bath/shower, sponge bath (EXCLUDE washing of back, hair), and transfers in/out of tub/shower	15 - 30 minutes		If shower used and shampoo done then consider as part of activity, Cognition

Bureau of Elder and Adult Services Policy Manual

Section 62 Independent Housing with Services Program (IHSP) Effective November 1, 1997

APPENDIX to Sec 62

TASK TIME ALLOWANCES - IADL = Instrumental Activities of Daily Living

Activity	Definitions	Time Estimates	Considerations
Light meal, lunch & snacks	Preparation and clean up	5 – 20 minutes	Consumer participation; type of food preparation; number of meals in POC and preparation for more than one meal.
Main Meal Preparation	Preparation and clean up of main meal.	20 - 40 minutes	Is Meals on Wheels being used? Preparation time for more than one meal and consumer participation.
Light Housework/ Routine Housework	Dusting, picking up living space Kitchen housework- put the groceries away, general cleaning Making/changing beds Total floor care all rooms and bathrooms Garbage/trash disposal Non-routine tasks, outside chores, seasonal	30 min – 1.5 hr/week	Size of environment Consumer needs and participation. Others in household
Grocery Shopping	Preparation of list and purchasing of goods.	45 min - 2 hours/week	Other errands included: bills, banking and pharmacy. Distance from home.
Laundry	Sort laundry, wash, dry, fold and put away.	In-home 30 minutes/load 2 loads/week	Other activities which can be done if laundry is done in the house or apartment.
		Out of home 2 hours/week	